



WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

Name of Applicant _____
Address _____
City _____ State _____ Zip Code _____
Applicant's federal or state employer identification number (EIN) _____

- I. The applicant is: A contractor within the meaning of the Pennsylvania Workers' Compensation Law, hereby submits (check one of the following):
- Certificate of Insurance (please attach)
 - Certificate of Self-Insurance (please attach)
 - Affidavit of Exemption (complete section II)
- II. Exemption – Complete this section if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provision of Pennsylvania's Workers' Compensation Law for one of the following reasons:

- Contractor/Sole Proprietor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township
- Religious exemption under the Workers' Compensation Law.
- Applicant is an individual who owns the property

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

Applicant Signature

CORPORATION

Commonwealth of Pennsylvania

County of Northampton

On this, the _____ day of _____ 200 __,
before me _____,

The undersigned officer, personally appeared _____, who

Acknowledged ___self to be the _____,
Being authorized to do so, executed the foregoing instrument
for the purposes therein contained by signing the name of the
Corporation by ___self as _____

In witness whereof, I hereunto set my hand and official seal

Notary Public

INDIVIDUAL

Commonwealth of Pennsylvania

County of Northampton

On this, the _____ day of _____ 200 __,
before me _____,

The undersigned officer, personally appeared _____,

known to me (or satisfactorily proven) to be the person___
whose name _____
subscribed to the within instrument, and acknowledged that
___he ___ executed the same for the purpose there in contained

In witness whereof, I hereunto set my hand and official seal

Notary Public